

COVER SHEET
TEACHER LICENSE RENEWAL REPORT

Accounting Control
Application ID Number
Transaction Number
Date (month, day, year)
Social Security Number (completed by applicant)
The information in this document is confidential according to IC 5-14-3-4(b)8.

Directions: Complete this form and place it as the first page of your License Renewal Report. Secure all submitted papers with a staple or binder clip in the upper left corner. **DO NOT submit materials in a binder or notebook. Please retain a photocopy of the entire submission for your personal files.** Completed reports should be submitted to

Indiana Professional Standards Board
101 West Ohio Street, Suite 300
Indianapolis, IN 46204-1953

Teacher Attestation:

- This license renewal report has been submitted as one of the requirements for the renewal of an Indiana Standard or Proficient Practitioner License.
- I am the sole author of any reflections and commentaries included in this document.
- There is no plagiarized material in this report.
- I understand that the information in this report is subject to audit verification and I give the Indiana Professional Standards Board or its designee authority to contact any individual or organization as may be required to verify the information.
- I understand that any falsification of the material submitted will result in rejection of the entire report and that a license may be revoked or suspended if the submitted materials are fraudulent (515 IAC 1-2-18(b)(1)).
- I understand that, once the report is submitted, all of the included information and documents are retained by the Indiana Professional Standards Board and will not be returned to me.
- I understand that, if I am a holder of a Rules 46-47 License and I submit this report for license renewal, I will be required to use this option for all future license renewals (515 IAC 1-7-13).

Teacher's Signature

Date Submitted

Teacher's Printed Name

Instructional License Number

Address to which the License Renewal Certificate is to be mailed:

Name: _____

Street Address and Apt. No. _____

City: _____ **State:** _____ **Zip Code (including 4 digits):** _____ - _____

Please Note: Certificates are mailed within 60 days of the receipt of the **complete** License Renewal Report. Submission of incomplete or handwritten reports will significantly delay the review of materials.